KPDES FORM 1

AI: 4157

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOV 28 2007

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	2	0	9	0	7

A. Name of business, municipality, company, etc. requesting permit
Springfield Water and Sewer Commission

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: **Springfield Wastewater Treatment Plant**	Owner Name: **Sprinfield Water and Sewer Commission**
Facility Location Address (i.e. street, road, etc.): **182 Bloomfield Road**	Mailing Street: **P.O. Box 307**
Facility Location City, State, Zip Code: **Springfield, Kentucky 40069**	Mailing City, State, Zip Code: **Springfield, Kentucky 40069**
	Telephone Number: **859-336-5457**

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: **Municipal wastewater treatment plant.**

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	**4952**		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: **Washington**	City where facility is located (if applicable): **Springfield**
C. Body of water receiving discharge: **Road Run**	
D. Facility Site Latitude (degrees, minutes, seconds): **37°41'35.7"**	Facility Site Longitude (degrees, minutes, seconds): **85°14'2.1"**
E. Method used to obtain latitude & longitude (see instructions):	**Topographic map coordinates**
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	**N/A**

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Ray Hamilton	**859-336-5457**
Operator Mailing Address (Street): **P.O. Box 307**	
Operator Mailing Address (City, State, Zip Code): **Springfield, Kentucky 40069**	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: **III**	Certification Number: **02010**

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0020907	**June 1, 2003**	**May 31, 2008**
Number of Times Permit Reissued: **5**	Date of Original Permit Issuance: **November 1, 1981**	Sludge Disposal Permit Number: **115-00002**
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste	**115-00002**	
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	**Ray Hamilton**
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	**Springfield Wastewater Treatment Plant**
DMR Mailing Street:	**P.O. Box 307**
DMR Mailing City, State, Zip Code:	**Springfield, Kentucky 40069**
DMR Official Telephone Number:	**859-336-5457**

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

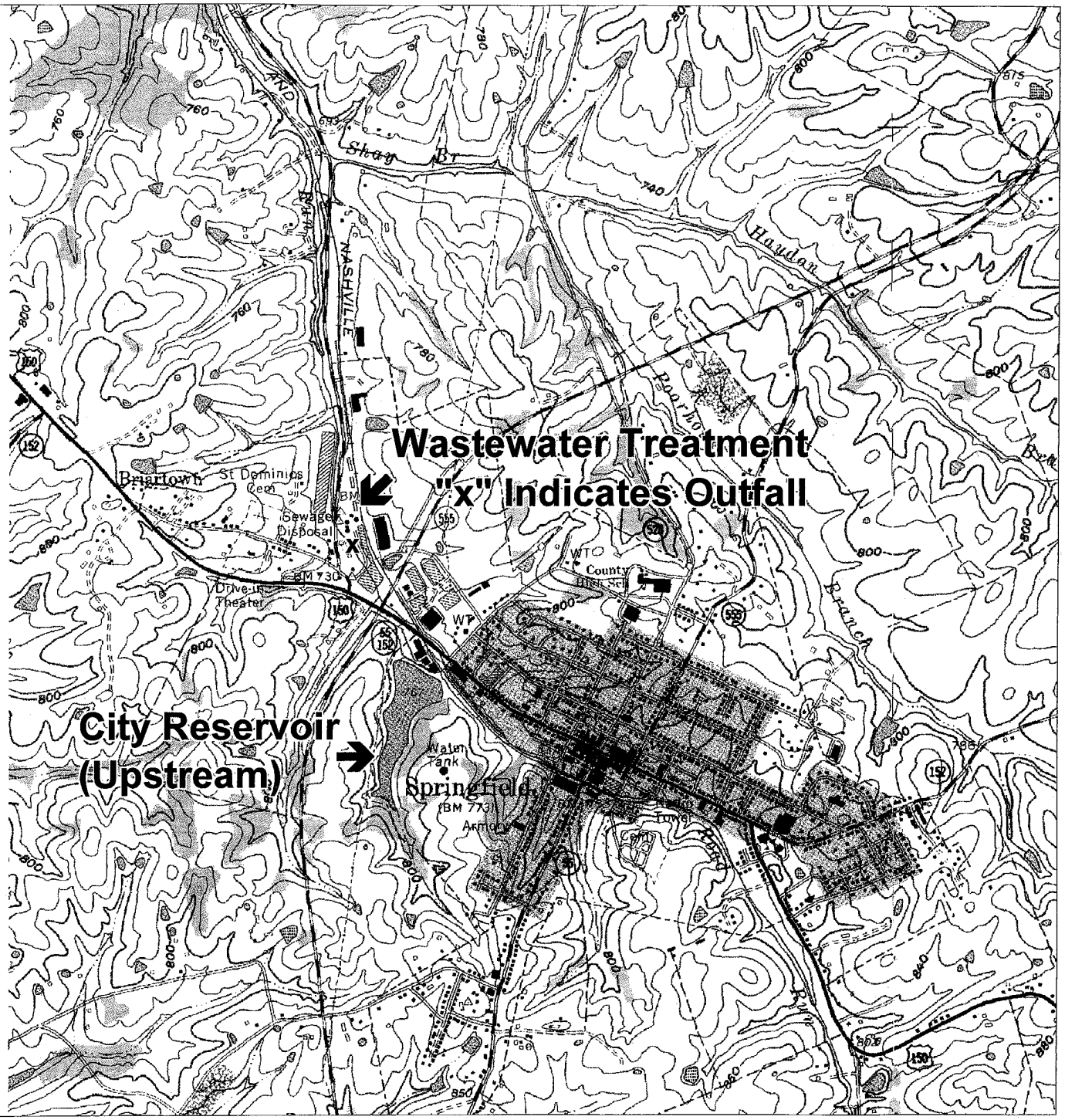
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	**N/A**

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Dwight Wright, Chairman of Springfield Water & Sewer Commission	**859-336-5456**
SIGNATURE 	DATE: 11-27-07

Section of the Springfield USGS Topographic Map Showing Location of the Municipal Wastewater Treatment Plant



1"=2000'

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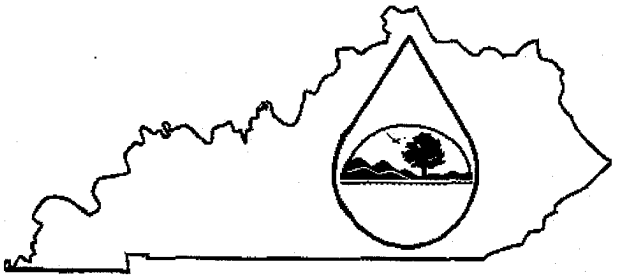
KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOV 2 8 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	0	9	0	7

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow > 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification. All applicants must complete Part C (Certification).**

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems.

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All **treatment works must** complete **questions** A.1 through A.8 of this **Basic Application Information** packet.

A **A.1. Facility Information.**

Facility name **Springfield Wastewater Treatment Plant**

Mailing Address **P.O. Box 307**

Springfield, Kentucky 40069

Contact person **Ray Hamilton**

Title **WWTP Chief Operator**

Telephone number **859-336-5457**

Facility Address **182 Bloomfield Road**

(not P.O. Box) **Springfield, Kentucky 40069**

A **A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name **Same as above**

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☒ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.
☐ Facility ☒ Applicant

A **A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES **KY0020907** PSD

UIC Other **Land Farm Permit #115-00002**

RCRA Other

A

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc)

Name	Population Served	Type of Collection System	Ownership
City of Springfield, Kentucky	**approx 2634**	**Separate Sanitary**	**Municipal**
Saint Catherine College	**approx 500**	**Separate Sanitary**	**Municipal**
Total population served	**3134**		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate **0.88** mgd

		Two Years Ago	Last Year	This Year	
b.	Annual average daily flow rate	**0.538**	**0.617**	**0.63**	mgd
c.	Maximum daily flow rate	**2.1**	**2.5**	**2.1**	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒	Separate sanitary sewer	**100%**
☐	Combined storm and sanitary sewer	

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No If yes, list how many of each of the following types of discharge points the treatment works uses:

i.	Discharges of treated effluent	**1**
ii.	Discharges of untreated or partially treated effluent	
iii.	Combined sewer overflow points	
iv.	Constructed emergency overflows (prior to the headworks)	
v.	Other _____	

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

d. If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

e. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the KPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If **you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number **001**

b. Location **City of Springfield** (City or town, if applicable) **40069** (Zip Code)

Washington County (County) **Kentucky** (State)

37° 41' 35.7" (Latitude) **85° 14' 2.1"** (Longitude)

c. Distance from shore (if applicable) **0** ft.

d. Depth below surface (if applicable) **0** ft.

e. Average daily flow rate **0.63** mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water **Road Run Creek**

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable)

acute _____ cfs chronic **0.0** cfs

e. Total hardness of receiving stream at critical low flow (if applicable): **173** mg/l of $CaCO_3$

AII. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe:

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	**85%**
Design SS removal	**85%**
Design P removal	**0%**
Design N removal	**0%**
Other	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

CHLORINATION n

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number:

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.4	s.u.			
Flow Rate	2.1	MGD	0.63	MGD	9
Temperature (Winter)	17	CELCIUS	11	CELCIUS	9
Temperature (Summer)	28	CELCIUS	25	CELCIUS	9

" For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	36	MG/L	6.7	MG/L	134	EPA 405.1	5.0
	CBOD-5							
FECAL COLIFORM		40	COL/100 ML	12	COL/100ML	26	SM9222D	2.0
TOTAL SUSPENDED SOLIDS (TSS)		46	MG/L	7	MG/L	122	EPA 160.2	1.0

REFER TO THE APPLICATION OVERVIEW **END OF PART A. TO DETERMINE WHICH OTHER PARTS YOU MUST COMPLETE** OF FORM A

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate > 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0.0010 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

On-going program to repair/rehab manholes and sewer lines

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, induding all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation / Maintenance Performed by Contractor(s). Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name:

Mailing Address:

Telephone Number:

Responsibilities of Contractor:

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any planned applicable. For improvements schedule or any actual dates of completion for the implementation applicable. Indicate compliance dates as independently of local, State, or Federal agencies, indicate Steps listed planned or actual completion below, as as possible. accurately dates, as

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction		
– End construction –		
Begin discharge –		
Attain operational level		

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ■ Yes ■ No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for must be standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: **001**

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE				ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	**6.8**	**Mg/l**	**0.48**	**Mg/l**	**26**	**EPA 350.1**	**0.10**
CHLORINE (TOTAL RESIDUAL, TRC)	**0.0**	**Mg/l**	**0.0**	**Mg/l**	**1**	**EPA 330.3**	**0.00**
DISSOLVED OXYGEN	**11.2**	**Mg/l**	**9.1**	**Mg/l**	**26**	**EPA 360.1**	**0.00**
TOTAL KJELDAHL NITROGEN (TKN)	**1.9**	**Mg/l**	**1.9**	**Mg/l**	**1**	**SM4500N**	**0.40**
NITRATE PLUS NITRITE NITROGEN	**5.3**	**Mg/l**	**5.3**	**Mg/l**	**1**	**EPA 300.0**	**0.55**
OIL and GREASE	**<5**	**Mg/l**	**<5**	**Mg/l**	**3**	**EPA 1664A**	**5**
PHOSPHORUS (Total)	**1.4**	**Mg/l**	**0.69**	**Mg/l**	**26**	**EPA 365.1**	**0.10**
TOTAL DISSOLVED SOLIDS (TDS)	**540**	**Mg/l**	**540**	**Mg/l**	**1**	**I-1750-85**	**20**
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title **DWIGHT WRIGHT, CHAIRMAN**

Signature

Telephone number **859-336-5456**

Date signed 11/27/07

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: **001** once for each outfall discharging effluent to waters of the United Sta es.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC	**<0.020**	**Mg/l**			**<0.020**	**Mg/l**			**5**	**EPA 200.8**	**0.0010**
BERYLLIUM											
CADMIUM	**<0.005**	**Mg/l**			**<0.005**	**Mg/l**			**5**	**EPA 200.8**	**0.0005**
CHROMIUM	**<0.010**	**Mg/l**			**<0.010**	**Mg/l**			**5**	**EPA 200.8**	**0.0010**
COPPER	**0.021**	**Mg/l**			**0.004**	**Mg/l**			**5**	**EPA 200.8**	**0.0010**
LEAD	**<0.005**	**Mg/l**			**<0.005**	**Mg/l**			**5**	**EPA 200.8**	**0.0010**
MERCURY	**41.9**	**Ng/l**			**9.44**	**Ng/l**			**5**	**EPA 1631**	**3.30**
NICKEL	**<0.020**	**Mg/l**			**<0.020**	**Mg/l**			**5**	**EPA 200.8**	**0.0010**
SELENIUM	**<0.020**	**Mg/l**			**<0.020**	**Mg/l**			**5**	**EPA 200.8**	**0.0010**
SILVER	**<0.010**	**Mg/l**			**<0.010**	**Mg/l**			**5**	**EPA 200.8**	**0.00050**
THALLIUM											
ZINC	**0.086**	**Mg/l**			**0.063**	**Mg/l**			**5**	**EPA 200.8**	**0.010**
CYANIDE	**0.0096**	**Mg/l**			**0.0058**	**Mg/l**			**5**	**EPA 335.3**	**0.005**
TOTAL PHENOLIC COMPOUNDS	**<0.040**	**Mg/l**			**<0.040**	**Mg/l**			**5**	**EPA 420.2**	**0.040**
HARDNESS (AS $CaCO_3$)	**220**	**Mg/l**			**184**	**Mg/l**			**4**	**EPA 130.2**	**1**
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: ____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number:	once for each outfall discharging effluent to waters of the United States.)										
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds equested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

Outfall number: ____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number:	once for each outfall discharging effluent to waters of the United States.)										
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDEN0(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

REFER TO THE APPLICATION OVERVIEW A YOU END OF PART D. TO DETERMINE WHICH MUST COMPLETE OTHER PARTS OF FORM

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- **If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other**

E.1. Required Tests. **SEE FIGURE E(4) FOR A SUMMARY OF THE BIOMONITORING TESTS SUBMITTED PREVIOUSLY.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samp es used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
PH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%		
Control percent survival	%	%	%
Other (describe)			

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
PH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%		
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}			
Control percent survival			
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	■YES ■NO	■YES ■NO	■ YES ■ NO
Was reference toxicant test within acceptable bounds?	■YES ■NO	■YES ■NO	■YES ■NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☒ No If yes, describe:

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: (MM/DD/YYYY) **SEE FIGURE E(4) ATTACHED.**

Summary of results: (see instructions)

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each **SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: ALLTECH, INC.

Mailing Address: 223 PROGRESS RD., SPRINGFIELD, KY 40069

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

MFG & DISTRIBUTION OF ANIMAL FEEDS

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): ANIMAL FEEDS

Raw material(s): DRY FEEDS

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

100 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

500 gpd ☒ continuous or ☐ intermittent

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **4**

b. Number of CIUs. **2**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each **SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **AMTEC BRAKE LLC**

Mailing Address: **1101 CORPORATE DR., SPRINGFIELD, KY 40069**

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

MFG OF AUTOMOTIVE BRAKE COMPONENTS

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **AUTOMOTIVE BRAKES & PADS**

Raw material(s): **LOW CARBON STEEL, BRAKE MATERIAL**

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4800 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

6000 gpd ☒ continuous or ☐ intermittent

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **4**

b. Number of CIUs. **2**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each **SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **BLUEGRASS DAIRY & FOOD LLC**

Mailing Address: **606 W. MAIN ST., SPRINGFIELD, KY 40069**

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

DRYING OF RAW MILK

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **POWDERED CHEESE & DAIRY PRODUCTS**

Raw material(s): **MILK, FOOD GRADE ADDITIVES**

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

60000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

5000 gpd ☒ continuous or ☐ intermittent

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **4**

b. Number of CIUs. **2**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each **SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **NORTH AMERICAN PIPE CORP.**

Mailing Address: **500 BLOOMFIELD RD., SPRINGFIELD, KY 40069**

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

PLASTIC EXTRUSION OF PVC WATER & SEWER PIPE

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **PVC WATER & SEWER PIPE**

Raw material(s): **PVC PELLETS**

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

30000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2000 gpd ☒ continuous or ☐ intermittent

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **4**

b. Number of CIUs. **2**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each **SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **INOAC AUTOMOTIVE LLC**

Mailing Address: **70 E. INDUSTRY RD., SPRINGFIELD, KY 40069**

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

PLASTIC MOLDING OF AUTOMOTIVE INTERIOR COMPONENTS

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **AUTOMOTIVE INTERIOR COMPONENTS**

Raw material(s): **PET PELLETS, WATER-SOLUBLE INKS**

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

8000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2000 gpd ☒ continuous or ☐ intermittent

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **4**

b. Number of CIUs. **2**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each **SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **TOYOTOMI AMERICA LLC**

Mailing Address: **1 SAKURA DR., SPRINGFIELD, KY 40069**

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

METAL MOLDING & STAMPING OF AUTOMOTIVE EXTERIOR COMPONENTS

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **AUTOMOTIVE DOORS, HOODS, ETC**

Raw material(s): **LOW CARBON STEEL**

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

25000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2000 gpd ☒ continuous or ☐ intermittent

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. **System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. **System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number

b. Location

(City or town, if applicable) (Zip Code)

(County) (State)

(Latitude) (Longitude)

c. Distance from shore (if applicable) ft.

d. Depth below surface (if applicable) ft.

e. Which of the following were monitored during the last year for this CSO?

☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency

☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year?

G.4. CSO Events.

a. Give the number of CSO events in the last year.

events (■ actual or ■ approx.)

b. Give the average duration per CSO event.

hours (■ actual or ■ approx.)

c. Give the average volume per CSO event.

_____ million gallons (❑ actual or ❑ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____ _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

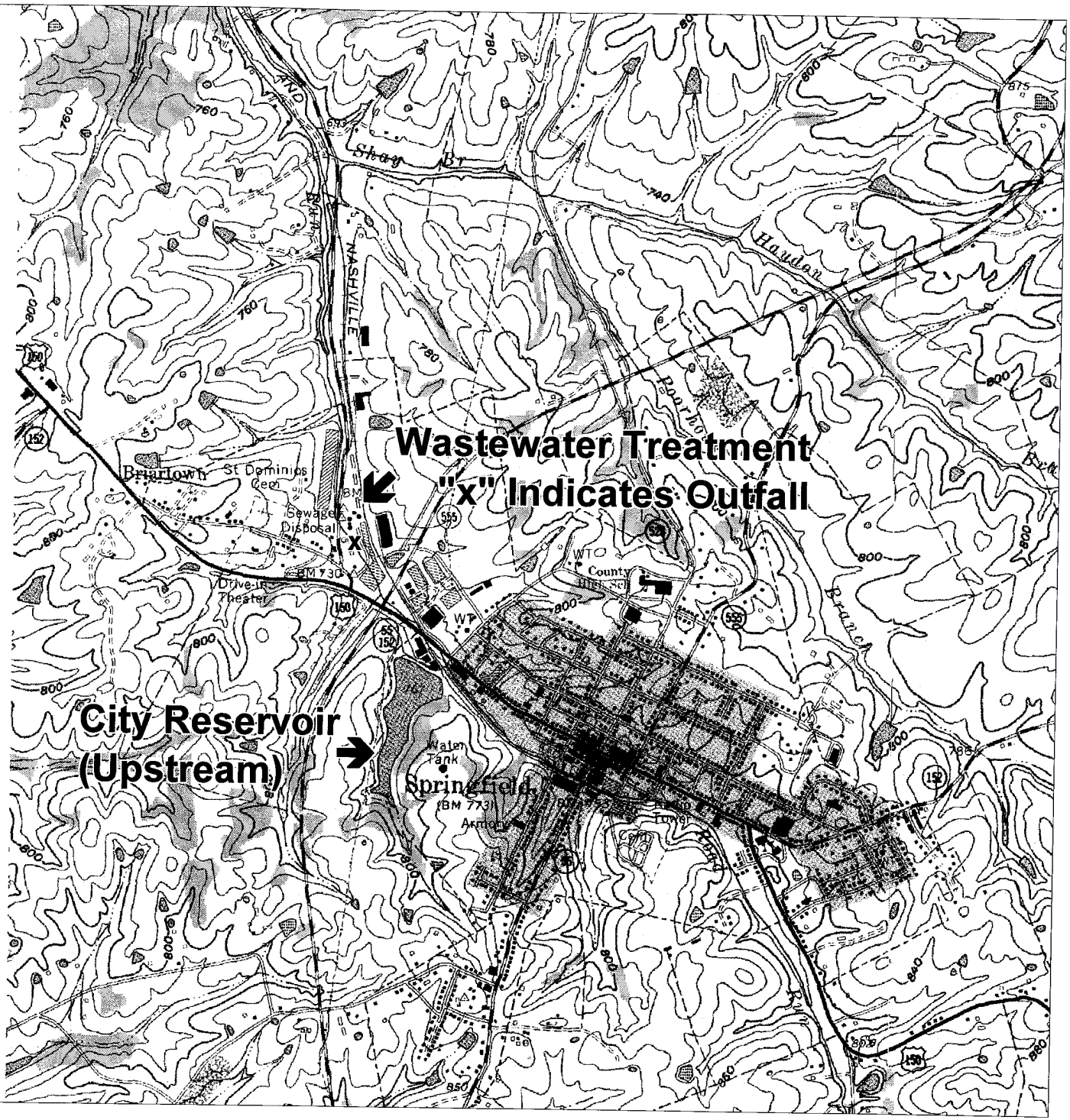
_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

TOPOGRAPHIC MAP

Section of the Springfield USGS Topographic Map Showing Location of the Municipal Wastewater Treatment Plant

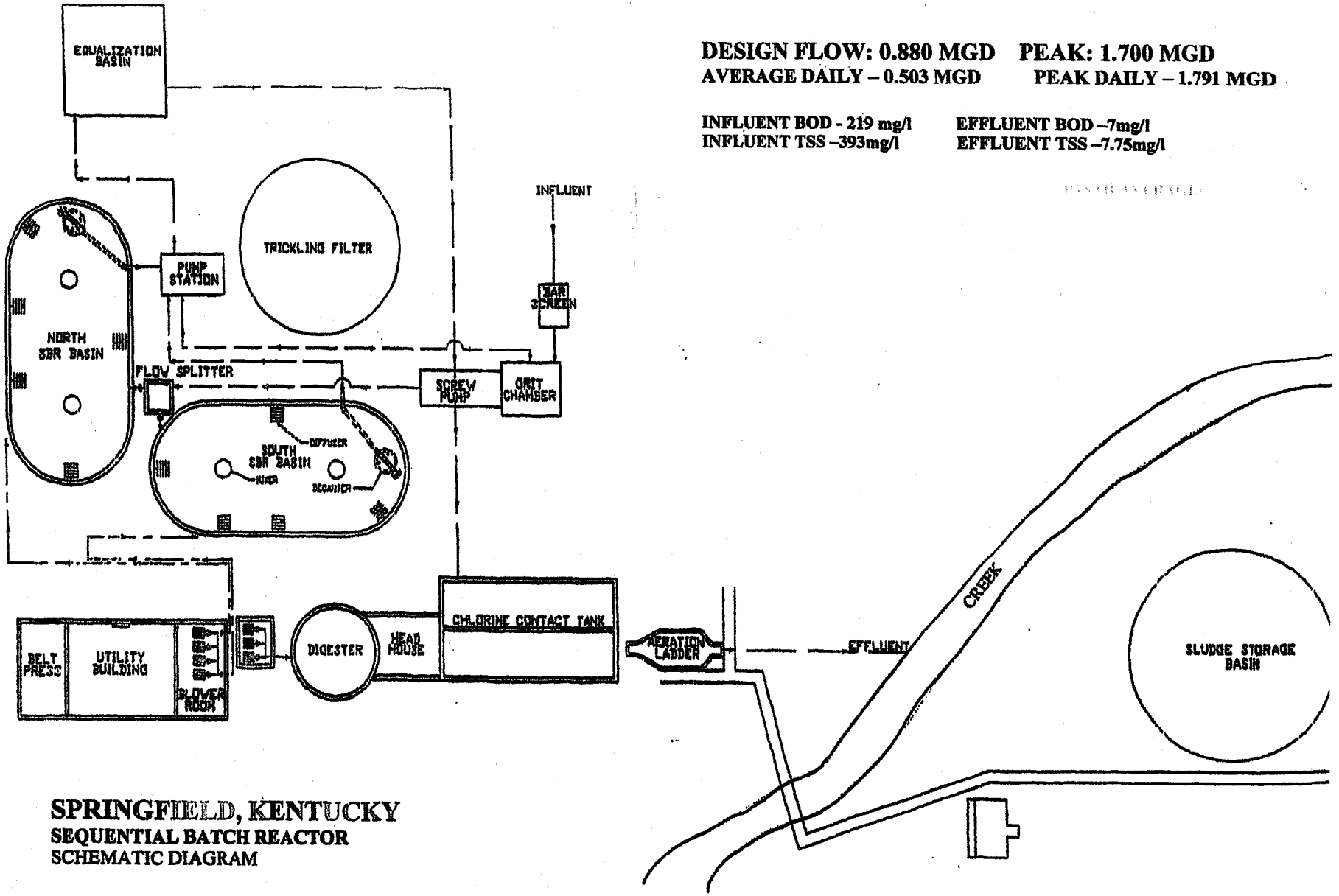


TREATMENT PROCESS SCHEMATIC

START-UP: JANURARY 23, 1998

DESIGN FLOW: 0.880 MGD PEAK: 1.700 MGD
AVERAGE DAILY – 0.503 MGD PEAK DAILY – 1.791 MGD

INFLUENT BOD - 219 mg/l EFFLUENT BOD –7mg/l
INFLUENT TSS –393mg/l EFFLUENT TSS –7.75mg/l



SPRINGFIELD, KENTUCKY
SEQUENTIAL BATCH REACTOR
SCHEMATIC DIAGRAM

2003-2007 BIOMONITORING RESULTS

FIGURE E(4)

SPRINGFIELD WWTP BIOMONITORING SUMMARY
2003-2007

TEST DATE	RESULT	SPECIES
1/21/2003	<1.00 TUc	Ceriodaphnia dubia
4/21/2003	<1.00 TUc	Ceriodaphnia dubia
	<1.00 TUc	Pimephales promelas
7/21/2003	<1.00 TUc	Ceriodaphnia dubia
	<1.00 TUc	Pimephales promelas
10/20/2003	<1.00 TUc	Ceriodaphnia dubia
	<1.00 TUc	Pimephales promelas
1/19/2004	<1.00 TUc	Ceriodaphnia dubia
	<1.00 TUc	Pimephales promelas
2/2/2004	<1.00 TUc	Ceriodaphnia dubia
4/19/2004	<1.00 TUc	Ceriodaphnia dubia
7/19/2004	<1.00 TUc	Ceriodaphnia dubia
11/8/2004	<1.00 TUc	Ceriodaphnia dubia
1/24/2005	<1.00 TUc	Ceriodaphnia dubia
5/9/2005	TUc = 11.8	Ceriodaphnia dubia
6/20/2005	<1.00 TUc	Ceriodaphnia dubia
7/18/2005	<1.00 TUc	Ceriodaphnia dubia
8/22/2005	<1.00 TUc	Ceriodaphnia dubia
9/19/2005	<1.00 TUc	Ceriodaphnia dubia
10/7/2005	<1.00 TUc	Ceriodaphnia dubia
11/14/2005	<1.00 TUc	Ceriodaphnia dubia
12/5/2005	<1.00 TUc	Ceriodaphnia dubia
2/21/2006	<1.00 TUc	Ceriodaphnia dubia
5/14/2006	<1.00 TUc	Ceriodaphnia dubia
8/21/2006	<1.00 TUc	Ceriodaphnia dubia
11/12/2006	<1.00 TUc	Ceriodaphnia dubia

FIGURE E(4)

SPRINGFIELD WWTP BIOMONITORING SUMMARY
2003-2007

TEST DATE	RESULT	SPECIES
1/1/2007	<1.00 TUc	Ceriodaphnia dubia
4/8/2007	<1.00 TUc	Ceriodaphnia dubia

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

October 26, 2007

Mr. Dwight Wright
Springfield Wastewater Treatment Plant
P.O. Box 307
Springfield, Kentucky 40069

RE: KPDES No. KY0020907
Springfield Wastewater Treatment Plant
Washington County, Kentucky

Dear Mr. Wright:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on May 31, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is November 30, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Columbia Regional Office
Division of Water Files

Complete

SPRINGFIELD WATER AND SEWER COMMISSION

P.O. Box 307
Springfield, KY 40069
859/336-5454

NOV 28 2007

November 27, 2007

Ms. Vickie Prather, Supervisor
Inventory and Data Management Section
KPDES Branch/Division of Water
Frankfort Office Park/14 Reilly Road
Frankfort, KY 40601

Re: KPDES Permit: KY0020907
Springfield Water and Sewer Commission
Springfield Wastewater Treatment Plant
Washington County

Dear Ms. Prather:

On behalf of the Springfield Water and Sewer Commission, we are herewith submitting the KPDES permit application for renewal of KY0020907 for the Springfield Wastewater Treatment Plant. As required by regulation, this application is being submitted at least 180 days prior to the expiration of the current permit.

If you have any questions pertaining to this matter, please call any time.

Sincerely,

Dwight Wright, Chairman
Springfield Water & Sewer Commission

Enclosure

STEVEN L. BESHEAR
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

ROBERT D. VANCE
SECRETARY

December 20, 2007

Dwight Wright
Springfield Water and Sewer Commission
P.O. Box 307
Springfield, KY 40069

Re: KPDES Application Complete
KPDES No.: KY0020907
Springfield WWTP
AI ID: 4157
Activity ID: APE20070002
Washington County, Kentucky

Dear Mr. Wright,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 28, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures
c: Columbia Regional Office
Division of Water Files